



# MOUNT VERNON CAMPUS NURSING PROGRAM PERSONAL INFORMATION & APPLICATION FORM

**Only Complete Packets Will Be Considered**

**Personal Information:**

Name: \_\_\_\_\_  
Last First Middle Previous Last Name

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ Phone: ( ) (home)  
City State Zip Alternate: ( ) (Cell)

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Student ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

**Entry Level:**  
 \_\_\_\_ First year, first quarter RN Program, Mount Vernon campus (both years of 2 year RN program)

**Current Licensure:**

_____	_____	_____
NAC Licensure Number (Required)	State Where Licensed	Expiration Date
_____	_____	_____
LPN/LVN Licensure Number (if applicable)	State Where Licensed	Expiration Date
_____	_____	_____
Professional Health Care Provider CPR Card (Required)	State Where Licensed	Expiration Date

**Prerequisite Courses: (Based on 2008-2010 Catalog)**  
 Please indicate the classes you have completed. It is very important to include credits, grade, quarter completed and school of completion for evaluation purposes. All official transcripts must be on file in the Admissions Office.

Courses	CR	Grade	Quarter Completed	School of Completion
ENGL& 101* English Composition I				
MATH 100 or above* Survey of Applied Math				
PSYC& 100 General Psychology				
PSYC& 200* Lifespan Psychology				
CHEM& 121* Intro to Chemistry				
BIOL& 241* Human A&P I				
BIOL& 242* Human A&P II				
BIOL& 260* General Microbiology				

Must have a C or better in required Nursing course prerequisites listed above. \*May require prerequisites before taking.  
 Must have a 3.0 overall GPA (8 courses listed above) and a 3.0 Science GPA (4 science courses listed above)

All applicants must have the ability to:  
 Pass multiple stat, multiple zip code criminal background check  
 Pass drug screen/illegal substance check

**Signature:** I have reviewed the information on this form and I agree that it is correct as stated. I verify that all required materials are included.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application to  
 Skagit Valley College, Attn: Nursing Admissions, 2405 East College Way, Mount Vernon, WA 98273.  
 Phone: (360) 416-7956 ~ Fax: (360) 416-7890

## APPLICATION PACKET CHECKLIST

- Request for Transcript Evaluation Submitted With Official Transcript 6-8 weeks Prior To Application Deadline (If Applicable)
- Copy of Completed SVC Evaluation Showing All Prerequisites Have Completed
- Copy of Current CNA License
- Copy of LPN License (If applicable)
- Copy of Professional Healthcare Provider CPR Card
- Signed and Dated Application